

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2024 APR 17 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FL

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # L22000456491

1. Limited Liability Company's Name

BR HOLDING CRUZ INTERNATIONAL GROUP LLC

2. Principal Office Address - No P.O. Box #

701 BRICKELL AVE

Suite, Apt. #, etc.

1550

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

3. Mailing Office Address

701 BRICKELL AVE

Suite, Apt. #, etc.

1550

City & State

MIAMI, FLORIDA

Zip

3313

Country

USA

CR25041 (1/14)

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified

To Do Business in Florida 10/23/2022

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

600428032900
04/17/24--01010--011 **238.75

8. Name and Address of Current Registered Agent

Name

SERGIO DE CARVALHO GEGERS

Street Address (P.O. Box Number is Not Acceptable) Suite,

245 NE 14th st

Apt. # Etc

1111

City

MIAMI

State

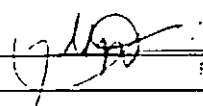
FL

Zip Code

33132

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date 04/08/24

10. Names and Street Addresses of Authorized Representatives/Managers

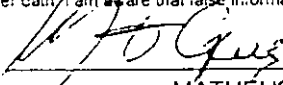
Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MATHEUS CRUZ	245 NE 14th st apto 1111	MIAMI, FLORIDA 33132

11. E-mail Address sgegers@actualbrasil.com.br

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member



Date

04/08/24

Daytime Phone #

(305)587-7487

Typed or printed name of signing authorized representative/member

MATHEUS CRUZ